St. Louis de Montfort Catholic School

Purchase Order

PTO

P.O. #290-

(Use this # as reference when placing your order)

Bill to: P.O. Box 30 Fishers, IN 46038

Ship to: 11421 Hague Rd. Fishers, IN 46038

Purchase Date: _____

Expected Ship Date: _____

Purchased From: _____

Vendor Name

_____

Address

_____

City State Zip Code

See Chart of Account Codes:

Ministry	Program	Activity #	GL #	Item Description	Quantity	Cost / each	Extended Cost	For Accounting Use Only: Actual Cost
2	290						$	$
2	290						$	$
2	290						$	$
2	290						$	$
2	290						$	$
2	290						$	$
2	290						$	$
2	290						$	$
2	290						$	$
2	290						$	$
						Shipping:	$	$
						Total:	$	$

Update P.O. Log with Actual Cost

Special Instructions: _____

Submitted By: _____ Date: _____

Approved By*: _____ Date: _____

Approved By*: _____ Date: _____

Must be approved by PTO Treasurer and Principal before submitting to Accounting.

For Accounting Use Only: Due Date:

Received in Accounting by: Date:

Purchase Order Log Updated by: Date: